Madam Speaker, I yield 3 minutes to the gentleman from Florida (Mr. BILIRAKIS), who is one of the sponsors of this bill.

Mr. BILIRAKIS. Madam Speaker, I rise today in support of H.R. 1375, the Provide Accurate Information Directly Act, or the PAID Act.

Medicare secondary payer laws enacted in the 1980s have failed to stay current with Medicare. Medicare Advantage and part D have changed the way beneficiaries engage with Medicare and provide an opportunity for potential secondary payer issues due to a lack of coordination.

The PAID Act allows settling parties to repay MSP amounts and allows for the coordination of benefits by requiring CMS to share necessary information. Specifically, the PAID Act authorizes settling parties to receive the same information CMS currently provides group health plans about Medicare Advantage and part D plan enrollment information.

Madam Speaker, I urge my colleagues to pass this commonsense bill. I thank the leader, the manager, and also the chairman of the Ways and Means Committee for their leadership. I appreciate it. This is a really good bill. Let's get it done.

Madam Speaker, I rise today in support of H.R. 1375, the Provide Accurate Information Directly (or PAID) Act.

Medicare Secondary Payer laws enacted in the '80s have failed to stay current with Medicare. Medicare Advantage (or MA) and Part D have changed the way beneficiaries engage with Medicare and provide an opportunity for potential secondary payer issues due to a lack of coordination.

The PAID Act allows settling parties to repay MSP amounts, and allow for the coordination of benefits, by requiring CMS to share necessary information. Specifically, the PAID Act authorizes settling parties to receive the same information CMS currently provides Group Health Plans about MA and Part D plan enrollment information.

I urge my colleagues to pass this commonsense bill.

Mr. LARSON of Connecticut. Madam Speaker, I continue to reserve the balance of my time.

Mr. ESTES. Madam Speaker, I have no other speakers, and I yield myself the balance of my time.

Madam Speaker, at a time when bipartisan solutions are becoming rarer, the PAID Act is a meaningful, commonsense measure that will provide financial stability and longevity to Medicare Advantage.

Medicare Advantage is the best way to give seniors the care they need without sacrificing quality and maintaining fiscal responsibility. I urge my colleagues to join me in supporting this bipartisan measure to allow this program to continue serving our seniors.

America is looking toward Congress for leadership through all of the new challenges we face. Throughout our history, the United States has rarely needed bipartisanship more than it does now. We must work together to improve healthcare, rebuild our economy, and deliver meaningful relief to our Nation.

Madam Speaker, I urge my colleagues to support this bill, and I yield back the balance of my time.

Mr. LARSON of Connecticut. Madam Speaker, again, I would like to thank our colleagues on both sides of the aisle, with a special thanks to the gentleman from Kansas (Mr. ESTES) for his continued work on this.

RON KIND from Wisconsin has been fighting for practical, commonsense legislation like this almost every day that he has been in Congress since I have known him. A true sign of a Harvard quarterback is that he continues to be persistent. I want to thank him again for his hard work.

Madam Speaker, I urge my colleagues to support H.R. 1375, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Connecticut (Mr. LARSON) that the House suspend the rules and pass the bill, H.R. 1375, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

BENEFICIARY ENROLLMENT NOTIFICATION AND ELIGIBILITY SIMPLIFICATION ACT OF 2020

Mr. LARSON of Connecticut. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2477) to amend title XVIII of the Social Security Act to establish a system to notify individuals approaching Medicare eligibility, to simplify and modernize the eligibility enrollment process, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2477

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Beneficiary Enrollment Notification and Eligibility Simplification Act of 2020'' or the ''BENES Act of 2020''.

SEC. 2. BENEFICIARY ENROLLMENT NOTIFICATION AND ELIGIBILITY SIMPLIFICATION.

(a) ELIGIBILITY AND ENROLLMENT NOTICES.—

(1) AS PART OF SOCIAL SECURITY ACCOUNT STATEMENT FOR INDIVIDUALS ATTAINING AGES 63 TO 65.—

(A) IN GENERAL.—Section 1143(a) of the Social Security Act (42 U.S.C. 1320b–13(a)) is amended by adding at the end the following new paragraph:

''(4) MEDICARE ELIGIBILITY INFORMATION.—

''(A) IN GENERAL.—In the case of statements provided on or after the date that is 2 years after the date of the enactment of this paragraph to individuals who are attaining ages 63, 64, and 65, the statement shall also include a notice containing the information described in subparagraph (B).

''(B) CONTENTS OF NOTICE.—The notice required under subparagraph (A) shall include a clear, simple explanation of—

''(i) eligibility for benefits under the Medicare program under title XVIII, and in particular benefits under parts B and C of such title;

''(ii) the reasons a late enrollment penalty for failure to timely enroll could be assessed and how such late enrollment penalty is calculated, in particular for benefits under such part B;

''(iii) the availability of relief from such late enrollment penalty and retroactive enrollment under section 1837(h) (including as such section is applied under sections 1818(c) and 1818A(c)(3)), with examples of circumstances under which such relief may be granted and examples of circumstances under which such relief would not be granted;

''(iv) coordination of benefits (including primary and secondary coverage scenarios) pursuant to section 1862(b), in particular for benefits under such part B;

''(v) enrollment, eligibility, and coordination of benefits under title XVIII with respect to populations, for whom there are special considerations, such as residents of Puerto Rico and veterans; and

''(vi) online resources and toll-free telephone numbers of the Social Security Administration and the Centers for Medicare & Medicaid Services (including 1–800–MEDICARE and the national toll-free number of the Social Security Administration) that provide information on eligibility for benefits under the Medicare program under title XVIII, including under part C of such title.

''(C) DEVELOPMENT OF NOTICE.—

''(i) IN GENERAL.—The Secretary, in coordination with the Commissioner of Social Security, and taking into consideration information collected pursuant to clause (ii), shall, not later than 12 months after the last day of the period for the request of information described in clause (ii), develop the notice to be provided pursuant to subparagraph (A).

''(ii) REQUEST FOR INFORMATION.—Not later than 6 months after the date of the enactment of this paragraph, the Secretary shall request written information, including recommendations, from stakeholders (including the groups described in subparagraph (D)) on the information to be included in the notice.

''(iii) NOTICE IMPROVEMENT.—Beginning 4 years after the date of the enactment of this paragraph, and not less than once every 2 years thereafter, the Secretary, in coordination with the Commissioner of Social Security, shall—

''(I) review the content of the notice to be provided under subparagraph (A);

''(II) request written information, including recommendations, on such notice through a request for information process as described in clause (ii); and

''(III) update and revise such notice as the Secretary deems appropriate.

''(D) GROUPS.—For purposes of subparagraph (C)(ii), the groups described in this subparagraph include the following:

''(i) Individuals who are 60 years of age or older.

''(ii) Veterans.

''(iii) Individuals with disabilities.

''(iv) Individuals with end stage renal disease.

''(v) Low-income individuals and families.

''(vi) Employers (including human resources professionals).

''(vii) States (including representatives of State-run Health Insurance Exchanges, Medicaid offices, and Departments of Insurance).

''(viii) State Health Insurance Assistance Programs.

''(ix) Health insurers.

''(x) Health insurance agents and brokers.

''(xi) Such other groups as specified by the Secretary.

''(E) POSTING OF NOTICE ON WEBSITES.—The Commissioner of Social Security and the Secretary shall post the notice required under subparagraph (A) on the public Internet website of the Social Security Administration and on Medicare.gov (or a successor website), respectively.

''(F) REIMBURSEMENT OF COSTS.—

''(i) IN GENERAL.—Effective for fiscal years beginning in the year in which the date of enactment of this paragraph occurs, the Commissioner of Social Security and the Secretary shall enter into an agreement under which the Secretary shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 and the Federal Supplementary Medical Insurance Trust Fund under section 1841 (in such proportion as the Secretary determines appropriate), of such sums as necessary to cover the administrative costs of the Commissioner's activities under this paragraph. Such agreement shall—

''(I) provide funds to the Commissioner for the administrative costs of the Social Security Administration's work related to the implementation of this paragraph, including any initial costs incurred prior to the finalization of such agreement;

''(II) provide such funding quarterly in advance of the applicable quarter based on estimating methodology agreed to by the Commissioner and the Secretary; and

''(III) require an annual accounting (with a detailed description of the costs and methodology used to assess such costs) and reconciliation of the actual costs incurred and funds provided under this paragraph.

''(ii) LIMITATION.—In no case shall funds from the Social Security Administration's Limitation on Administrative Expenses be used to carry out activities related to the implementation of this paragraph, except as the Commissioner determines is necessary—

''(I) for the development of the agreement under clause (i); and

''(II) on a temporary basis and subject to reimbursement under clause (i)(I), for the initial implementation of this paragraph.

''(G) NO EFFECT ON OBLIGATION TO MAIL STATEMENTS.—Nothing in this paragraph shall be construed to relieve the Commissioner of Social Security from any requirement under subsection (c), including the requirement to mail a statement on an annual basis to each eligible individual who is not receiving benefits under title II and for whom a mailing address can be determined through such methods as the Commissioner determines to be appropriate.''.

(B) TIMING OF STATEMENTS.—Section 1143(c)(2) of such Act (42 U.S.C. 1320b-13(c)(2)) is amended by adding at the end the following: ''With respect to statements provided to individuals who are attaining age 65, as described in subsection (a)(4), such statements shall be mailed not earlier than 6 months and not later than 3 months before the individual attains such age.''

(2) SOCIAL SECURITY BENEFICIARIES.—Title XI of the Social Security Act (42 U.S.C. 1301 et seq.) is amended by inserting after section 1144 the following new section:

''MEDICARE ENROLLMENT NOTIFICATION AND ELIGIBILITY NOTICES FOR SOCIAL SECURITY BENEFICIARIES PRIOR TO MEDICARE ELIGIBILITY

''Notices

''SEC. 1144A. (a)

''(1) IN GENERAL.—The Commissioner of Social Security shall distribute the notice to be provided pursuant to section 1143(a)(4), as may be modified under paragraph (2), to individuals entitled to monthly insurance benefits under title II in accordance with subsection (b).

''(2) AUTHORITY TO MODIFY NOTICE.—The Secretary, in coordination with the Commissioner of Social Security, may modify the notice to be distributed under paragraph (1) as necessary to take into account the individuals described in such paragraph.

''(3) POSTING OF NOTICE ON WEBSITES.—The Commissioner of Social Security and the Secretary shall post the notice required to be distributed under paragraph (1) on the public Internet website of the Social Security Administration and on Medicare.gov (or a successor website), respectively.

''Timing

''(b) Beginning not later than 2 years after the date of the enactment of this section, a notice required under subsection (a)(1) shall be mailed to an individual described in such subsection—

''(1) in the third month before the date on which such individual's initial enrollment period begins as provided under section 1837; and

''(2) in the case of an individual with respect to whom section 226(b) applies (except for an individual who will attain age 65 during the 24 month period described in such section), in the month before such date on which such individual's initial enrollment period so begins.

''Reimbursement of Costs

''(c)

''(1) IN GENERAL.—Effective for fiscal years beginning in the year in which the date of enactment of this section occurs, the Commissioner of Social Security and the Secretary shall enter into an agreement under which the Secretary shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 and the Federal Supplementary Medical Insurance Trust Fund under section 1841 (in such proportion as the Secretary determines appropriate), of such sums as necessary to cover the administrative costs of the Commissioner's activities under this section. Such agreement shall—

''(A) provide funds to the Commissioner for the administrative costs of the Social Security Administration's work related to the implementation of this section, including any initial costs incurred prior to the finalization of such agreement;

''(B) provide such funding quarterly in advance of the applicable quarter based on estimating methodology agreed to by the Commissioner and the Secretary; and

''(C) require an annual accounting (with a detailed description of the costs and methodology used to assess such costs) and reconciliation of the actual costs incurred and funds provided under this paragraph.

''(2) LIMITATION.—In no case shall funds from the Social Security Administration's Limitation on Administrative Expenses be used to carry out activities related to the implementation of this section, except as the Commissioner determines is necessary—

''(A) for the development of the agreement under paragraph (1); and

''(B) on a temporary basis and subject to reimbursement under paragraph (1)(A), for the initial implementation of this section.''.

(b) BENEFICIARY ENROLLMENT SIMPLIFICATION.—

(1) EFFECTIVE DATE OF COVERAGE.—Section 1838(a) of the Social Security Act (42 U.S.C. 1395q(a)) is amended—

(A) by amending paragraph (2) to read as follows:

''(2)(A) in the case of an individual who enrolls pursuant to subsection (d) of section 1837 before the month in which he first satisfies paragraph (1) or (2) of section 1836(a), the first day of such month,

''(B) in the case of an individual who first satisfies such paragraph in a month beginning before January 2023 and who enrolls pursuant to such subsection (d)—

''(i) in such month in which he first satisfies such paragraph, the first day of the month following the month in which he so enrolls,

''(ii) in the month following such month in which he first satisfies such paragraph, the first day of the second month following the month in which he so enrolls, or

''(iii) more than one month following such month in which he satisfies such paragraph, the first day of the third month following the month in which he so enrolls,

''(C) in the case of an individual who first satisfies such paragraph in a month beginning on or after January 1, 2023, and who enrolls pursuant to such subsection (d) in such month in which he first satisfies such paragraph or in any subsequent month of his initial enrollment period, the first day of the month following the month in which he so enrolls, or

''(D) in the case of an individual who enrolls pursuant to subsection (e) of section 1837 in a month beginning—

''(i) before January 1, 2023, the July 1 following the month in which he so enrolls; or

''(ii) on or after January 1, 2023, the first day of the month following the month in which he so enrolls; or''; and

(B) by amending paragraph (3) to read as follows:

''(3) in the case of an individual who is deemed to have enrolled—

''(A) on or before the last day of the third month of his initial enrollment period, the first day of the month in which he first meets the applicable requirements of section 1836(a) or July 1, 1973, whichever is later, or

''(B) on or after the first day of the fourth month of his initial enrollment period, and where such month begins—

''(i) before January 1, 2023, as prescribed under subparagraphs (B)(i), (B)(ii), (B)(iii), and (D)(i) of paragraph (2), or

''(ii) on or after January 1, 2023, as prescribed under subparagraphs (C) and (D)(ii) of paragraph (2).''.

(2) SPECIAL ENROLLMENT PERIODS FOR EXCEPTIONAL CIRCUMSTANCES.—

(A) ENROLLMENT.—Section 1837 of the Social Security Act (42 U.S.C. 1395p) is amended by adding at the end the following new subsection:

''(m) Beginning January 1, 2023, the Secretary may establish special enrollment periods in the case of individuals who satisfy paragraph (1) or (2) of section 1836(a) and meet such exceptional conditions as the Secretary may provide.''.

(B) COVERAGE PERIOD.—Section 1838 of the Social Security Act (42 U.S.C. 1395q) is amended by adding at the end the following new subsection:

''(g) Notwithstanding subsection (a), in the case of an individual who enrolls during a special enrollment period pursuant to section 1837(m), the coverage period shall begin on a date the Secretary provides in a manner consistent (to the extent practicable) with protecting continuity of health benefit coverage.''.

(C) CONFORMING AMENDMENT.—Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) is amended—

(i) in section 1818A(c)(3), by striking ''subsections (h) and (i) of section 1837'' and inserting ''subsections (h), (i), and (m) of section 1837''; and

(ii) in section 1839(b), in the first sentence, by striking ''or (l)'' and inserting '', (l), or (m)''.

(3) TECHNICAL CORRECTION.—Section 1839(b) of the Social Security Act (42 U.S.C. 1395r(b))

is amended by adding at the end the following new sentence: ''For purposes of determining any increase under this subsection for individuals whose enrollment occurs on or after January 1, 2023, the second sentence of this subsection shall be applied by substituting 'close of the month' for 'close of the enrollment period' each place it appears.''.

(4) REPORT.—Not later than January 1, 2023, the Secretary of Health and Human Services shall submit to the Committee on Ways and Means and Committee on Energy and Commerce of the House of Representatives and the Committee on Finance and Special Committee on Aging of the Senate a report on how to align existing Medicare enrollment periods under title XVIII of the Social Security Act, including the general enrollment period under part B of such title and the annual, coordinated election period under the Medicare Advantage program under part C of such title and under the prescription drug program under part D of such title. Such report shall include recommendations consistent with the goals of maximizing coverage continuity and choice and easing beneficiary transition.

(5) GAO STUDY AND REPORT.—

(A) STUDY.—The Comptroller General of the United States (in this section referred to as the ''Comptroller General'') shall conduct a study on the activities carried out under this section. Such study shall include the following:

(i) An analysis of the Social Security Administration's use of the funds provided to carry out the activities described under this section and the amendments made by this section. The Comptroller General shall examine the amount of funds transferred from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund, respectively, for those activities; how the funds were spent; what procedures the agency had in place over the use of those funds; and how the agency complied with those procedures.

(ii) An evaluation of the notices described in sections 1143(a)(4)(A) and 1144A(a) of the Social Security Act, including, to the extent data is available, how the mailing of such notices affected enrollee behavior and the imposition of late enrollment penalties under Medicare Part B.

(iii) Any other area determined appropriate by the Comptroller General.

(B) REPORT.—Not later than 5 years after the date of enactment of this section, the Comptroller General shall submit to the Committee on Ways and Means and Committee on Energy and Commerce of the House of Representatives and the Committee on Finance of the Senate a report containing the results of the study conducted under paragraph (1), including recommendations for any legislative and administrative actions as the Comptroller General determines appropriate.

(c) FUNDING.—Section 1808 of the Social Security Act (42 U.S.C. 1395b–9) is amended by adding the end the following new subsection:

''(e) FUNDING FOR IMPLEMENTATION OF BENEFICIARY ENROLLMENT NOTIFICATION AND ELIGIBILITY SIMPLIFICATION.—For purposes of carrying out the provisions of and the amendments made by section 2 of the BENES Act of 2020, the Secretary shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 and the Federal Supplementary Medical Insurance Trust Fund under section 1841 (in such proportion as the Secretary determines appropriate), to the Centers for Medicare & Medicaid Services Program Management Account, of $2,000,000 for each fiscal year beginning with fiscal year 2021, to remain available until expended.''.

SEC. 3. EXTENDED MONTHS OF COVERAGE OF IMMUNOSUPPRESSIVE DRUGS FOR KIDNEY TRANSPLANT PATIENTS AND OTHER RENAL DIALYSIS PROVISIONS.

(a) MEDICARE ENTITLEMENT TO IMMUNOSUPPRESSIVE DRUGS FOR KIDNEY TRANSPLANT RECIPIENTS.—

(1) IN GENERAL.—Section 226A(b)(2) of the Social Security Act (42 U.S.C. 426–1(b)(2)) is amended by inserting ''(except for eligibility for enrollment under part B solely for purposes of coverage of immunosuppressive drugs described in section 1861(s)(2)(J))'' before '', with the thirty-sixth month''.

(2) INDIVIDUALS ELIGIBLE ONLY FOR COVERAGE OF IMMUNOSUPPRESSIVE DRUGS.—

(A) IN GENERAL.—Section 1836 of the Social Security Act (42 U.S.C. 1395o) is amended—

(i) by striking ''Every'' and inserting ''(a) IN GENERAL.—Every''; and

(ii) by adding at the end the following new subsection:

''(b) INDIVIDUALS ELIGIBLE FOR IMMUNOSUPPRESSIVE DRUG COVERAGE.—

''(1) IN GENERAL.—Except as provided under paragraph (2), every individual whose entitlement to insurance benefits under part A ends (whether before, on, or after January 1, 2023) by reason of section 226A(b)(2) is eligible to enroll or to be deemed to have enrolled in the medical insurance program established by this part solely for purposes of coverage of immunosuppressive drugs in accordance with section 1837(n).

''(2) EXCEPTION IF OTHER COVERAGE IS AVAILABLE.—

''(A) IN GENERAL.—An individual described in paragraph (1) shall not be eligible for enrollment in the program for purposes of coverage described in such paragraph with respect to any period in which the individual, as determined in accordance with subparagraph (B)—

''(i) is enrolled in a group health plan or group or individual health insurance coverage, as such terms are defined in section 2791 of the Public Health Service Act;

''(ii) is enrolled for coverage under the TRICARE for Life program under section 1086(d) of title 10, United States Code;

''(iii) is enrolled under a State plan (or waiver of such plan) under title XIX and is eligible to receive benefits for immunosuppressive drugs described in this subsection under such plan (or such waiver);

''(iv) is enrolled under a State child health plan (or waiver of such plan) under title XXI and is eligible to receive benefits for such drugs under such plan (or such waiver); or

''(v)(I) is enrolled in the patient enrollment system of the Department of Veterans Affairs established and operated under section 1705 of title 38, United States Code;

''(II) is not required to enroll under section 1705 of such title to receive immunosuppressive drugs described in this subsection; or

''(III) is otherwise eligible under a provision of title 38, United States Code, other than section 1710 of such title to receive immunosuppressive drugs described in this subsection.

''(B) ELIGIBILITY DETERMINATIONS.—

''(i) IN GENERAL.—The Secretary, in coordination with the Commissioner of Social Security, shall establish a process for determining whether an individual described in paragraph (1) who is to be enrolled or deemed to be enrolled in the medical insurance program described in such paragraph meets the requirements for such enrollment under this subsection, including the requirement that the individual not be enrolled in other coverage as described in subparagraph (A).

''(ii) ATTESTATION REGARDING OTHER COVERAGE.—The process established under clause (i) shall include, at a minimum, a requirement that—

''(I) the individual provide to the Commissioner an attestation that the individual is not enrolled and does not expect to enroll in such other coverage; and

''(II) the individual notify the Commissioner within 60 days of enrollment in such other coverage.''.

(B) CONFORMING AMENDMENT.—

(i) IN GENERAL.—Sections 1837, 1838, and 1839 of the Social Security Act (42 U.S.C. 1395p, 42 U.S.C. 1395q, 42 U.S.C. 1395r) are each amended by striking ''1836'' and inserting ''1836(a)'' each place it appears.

(ii) ADDITIONAL AMENDMENT.—Section 1837(j)(1) of such Act (42 U.S.C. 1395p(j)(1)) is amended by striking ''1836(1)'' and inserting ''1836(a)(1)''.

(b) ENROLLMENT FOR INDIVIDUALS ONLY ELIGIBLE FOR COVERAGE OF IMMUNOSUPPRESSIVE DRUGS.—Section 1837 of the Social Security Act (42 U.S.C. 1395p), as amended by section 2(b)(2)(A), is further amended by adding at the end the following new subsection:

''(n)(1) Any individual who is eligible for coverage of immunosuppressive drugs under section 1836(b) may enroll or be deemed to have enrolled only in such manner and form as may be prescribed by regulations, and only during an enrollment period described in this subsection.

''(2) An individual described in paragraph (1) whose entitlement for hospital insurance benefits under part A ends by reason of section 226A(b)(2) prior to January 1, 2023, may enroll beginning on October 1, 2022, or the day on which the individual first satisfies section 1836(b), whichever is later.

''(3) An individual described in paragraph (1) whose entitlement for hospital insurance benefits under part A ends by reason of section 226A(b)(2) on or after January 1, 2023, shall be deemed to have enrolled in the medical insurance program established by this part for purposes of coverage of immunosuppressive drugs.

''(4) The Secretary shall establish a process under which an individual described in paragraph (1) whose other coverage described in section 1836(b)(2)(A), or coverage under this part (including the medical insurance program established under this part for purposes of coverage of immunosuppressive drugs), is terminated voluntarily or involuntary may enroll or reenroll, if applicable, in the medical insurance program established under this part for purposes of coverage of immunosuppressive drugs.''.

(c) COVERAGE PERIOD FOR INDIVIDUALS ONLY ELIGIBLE FOR COVERAGE OF IMMUNOSUPPRESSIVE DRUGS.—

(1) IN GENERAL.—Section 1838 of the Social Security Act (42 U.S.C. 1395q), as amended by section 2(b)(2)(B), is further amended by adding at the end the following new subsection:

''(h) In the case of an individual described in section 1836(b)(1), the following rules shall apply:

''(1) In the case of such an individual who is deemed to have enrolled in part B for coverage of immunosuppressive drugs under section 1837(n)(3), such individual's coverage period shall begin on the first day of the month in which the individual first satisfies section 1836(b).

''(2) In the case of such an individual who enrolls (or reenrolls, if applicable) in part B for coverage of immunosuppressive drugs under paragraph (2) or (4) of section 1837(n), such individual's coverage period shall begin on January 1, 2023, or the month following the month in which the individual so enrolls (or reenrolls), whichever is later.

''(3) The provisions of subsections (b) and (d) shall apply with respect to an individual described in paragraph (1) or (2).

''(4) In addition to the reasons for termination under subsection (b), the coverage period of an individual described in paragraph

(1) or (2) shall end when the individual becomes entitled to benefits under this title under subsection (a) or (b) of section 226, or under section 226A, or is no longer eligible for such coverage as a result of the application of section 1836(b)(2).

''(5) The Secretary may conduct public education activities to raise awareness of the availability of more comprehensive, individual health insurance coverage (as defined in section 2791 of the Public Health Service Act) for individuals eligible under section 1836(b) to enroll or to be deemed enrolled in the medical insurance program established under this part for purposes of coverage of immunosuppressive drugs.''.

(2) CONFORMING AMENDMENTS.—Section 1838(b) of the Social Security Act (42 U.S.C. 1395q(b)) is amended, in the matter following paragraph (2), by inserting ''or section 1837(n)(3)'' after ''section 1837(f)'' each place it appears.

(d) PREMIUMS FOR INDIVIDUALS ONLY ELIGIBLE FOR COVERAGE OF IMMUNOSUPPRESSIVE DRUGS.—

(1) IN GENERAL.—Section 1839 of the Social Security Act (42 U.S.C. 1395r) is amended—

(A) in subsection (b), by adding at the end the following new sentence: ''No increase in the premium shall be effected for individuals who are enrolled pursuant to section 1836(b) for coverage only of immunosuppressive drugs.''; and

(B) by adding at the end the following new subsection:

''(j) DETERMINATION OF PREMIUM FOR INDIVIDUALS ONLY ELIGIBLE FOR COVERAGE OF IMMUNOSUPPRESSIVE DRUGS.—The Secretary shall, during September of each year (beginning with 2022), determine and promulgate a monthly premium rate for the succeeding calendar year for individuals enrolled only for the purpose of coverage of immunosuppressive drugs under section 1836(b). Such premium shall be equal to 15 percent of the monthly actuarial rate for enrollees age 65 and over (as would be determined in accordance with subsection (a)(1) if the reference to 'one-half' in such subsection were a reference to '100 percent') for that succeeding calendar year. The monthly premium of each individual enrolled for coverage of immunosuppressive drugs under section 1836(b) for each month shall be the amount promulgated in this subsection. In the case of such individual not otherwise enrolled under this part, such premium shall be in lieu of any other monthly premium applicable under this section. Such amount shall be adjusted in accordance with subsections (c), (f), and (i), but shall not be adjusted under subsection (b).''.

(2) SPECIAL RULE FOR APPLICATION OF HOLD HARMLESS PROVISIONS TO TRANSITIONING INDIVIDUALS.—Section 1839(f) of the Social Security Act (42 U.S.C. 1395r(f)) is amended by adding at the end the following new sentence: ''Any increase in the premium for an individual who was enrolled under section 1836(b) attributable to such individual otherwise enrolling under this part shall not be taken into account in applying this subsection.''.

(3) SPECIAL RULE FOR APPLICATION OF PREMIUM SUBSIDY REDUCTION PROVISIONS.—Section 1839(i)(3)(A)(ii)(II) of the Social Security Act (42 U.S.C. 1395r(i)(3)(A)(ii)(II)) is amended by inserting ''except in the case of an individual enrolled under section 1836(b) and not otherwise enrolled under this part,'' before ''4 times''.

(e) GOVERNMENT CONTRIBUTION.—Section 1844(a) of the Social Security Act (42 U.S.C. 1395w(a)) is amended—

(1) in paragraph (3), by striking the period at the end and inserting ''; plus'';

(2) by inserting after paragraph (3) the following new paragraph:

''(4) a Government contribution equal to the estimated aggregate reduction in premiums payable under part B that results from establishing the premium at 15 percent of the actuarial rate (as would be determined in accordance with section 1839(a)(1) if the reference to 'one-half' in such section were a reference to '100 percent') under section 1839(j) instead of 25 percent of such rate (as so determined) for individuals enrolled only for the purpose of coverage of immunosuppressive drugs under section 1836(b).''; and

(3) by adding the following sentence at the end of the flush matter following paragraph (4), as added by paragraph (2) of this subsection:

''The Government contribution under paragraph (4) shall be treated as premiums payable and deposited for purposes of subparagraphs (A) and (B) of paragraph (1).''.

(f) ENSURING COVERAGE UNDER THE MEDICARE SAVINGS PROGRAM.—

(1) IN GENERAL.—Section 1905(p)(1)(A) of the Social Security Act (42 U.S.C. 1396d(p)(1)(A)) is amended by inserting ''or who is enrolled under part B for the purpose of coverage of immunosuppressive drugs under section 1836(b)'' after ''under section 1818A)''.

(2) CONFORMING AMENDMENTS.—Section 1902(a)(10)(E) of the Social Security Act (42 U.S.C. 1396a(a)(10)(E)) is amended in each of clauses (iii) and (iv) by inserting ''(including such individuals enrolled under section 1836(b))'' after ''section 1905(p)(1)''.

(g) PART D.—Section 1860D–1(a)(3)(A) of the Social Security Act (42 U.S.C. 1395w–101(a)(3)(A)) is amended by inserting ''(but not including an individual enrolled solely for coverage of immunosuppressive drugs under section 1836(b))'' before the period at the end.

(h) GAO STUDY AND REPORT.—

(1) STUDY.—The Comptroller General of the United States (in this subsection referred to as the ''Comptroller General'') shall conduct a study on the implementation of coverage of immunosuppressive drugs for kidney transplant patients under the Medicare program pursuant to the provisions of, and amendments made by, this section.

(2) REPORT.—Not later than January 1, 2025, the Comptroller General shall submit to Congress a report on the study conducted under paragraph (1), together with recommendations as the Comptroller General determines appropriate.

SEC. 4. TRANSPARENCY OF MEDICARE SECONDARY PAYER REPORTING INFORMATION.

(a) IN GENERAL.—Section 1862(b)(8)(G) of the Social Security Act (42 U.S.C. 395y(b)(8)(G)) is amended—

(1) by striking ''INFORMATION.—The Secretary'' and inserting ''INFORMATION.—

''(i) IN GENERAL.—The Secretary''; and

(2) by adding at the end the following new clause:

''(ii) SPECIFIED INFORMATION.—In responding to any query from an applicable plan related to a determination described in subparagraph (A)(i), the Secretary, notwithstanding any other provision of law, shall provide to such applicable plan—

''(I) whether a claimant subject to the query is, or during the preceding 3-year period has been, entitled to benefits under the program under this title on any basis; and

''(II) to the extent applicable, the plan name and address of any Medicare Advantage plan under part C and any prescription drug plan under part D in which the claimant is enrolled or has been enrolled during such period.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply with respect to queries from plans made on or after the date that is one year after the date of the enactment of this Act.

SEC. 5. ESTABLISHING HOSPICE PROGRAM SURVEY AND ENFORCEMENT PROCEDURES UNDER THE MEDICARE PROGRAM.

(a) SURVEY AND ENFORCEMENT PROCEDURES.—

(1) IN GENERAL.—Part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.) is amended by adding at the end the following new section:

''SEC. 1822. HOSPICE PROGRAM SURVEY AND ENFORCEMENT PROCEDURES.

''(a) SURVEYS.—

''(1) FREQUENCY.—Any entity that is certified as a hospice program shall be subject to a standard survey by an appropriate State or local survey agency, or an approved accreditation agency, as determined by the Secretary, not less frequently than once every 36 months (and not less frequently than once every 24 months beginning October 1, 2021).

''(2) PUBLIC TRANSPARENCY OF SURVEY AND CERTIFICATION INFORMATION.—

''(A) SUBMISSION OF INFORMATION TO THE SECRETARY.—

''(i) IN GENERAL.—Each State, and each national accreditation body with respect to which the Secretary has made a finding under section 1865(a) respecting the accreditation of a hospice program by such body, shall submit, in a form and manner, and at a time, specified by the Secretary for purposes of this subparagraph, information respecting any survey or certification made with respect to a hospice program by such State or body, as applicable. Such information shall include any inspection report made by such State or body with respect to such survey or certification, any enforcement actions taken as a result of such survey or certification, and any other information determined appropriate by the Secretary.

''(ii) REQUIRED INCLUSION OF SPECIFIED FORM.—With respect to a survey under this subsection carried out by a national accreditation body described in clause (i) on or after October 1, 2021, information described in such clause shall include Form 2567 (or a successor form), along with such additional information determined appropriate by such body.

''(B) PUBLIC DISCLOSURE OF INFORMATION.—Beginning not later than October 1, 2022, the Secretary shall publish the information submitted under subparagraph (A) on the public website of the Centers for Medicare & Medicaid Services in a manner that is prominent, easily accessible, readily understandable, and searchable. The Secretary shall provide for the timely update of such information so published.

''(3) CONSISTENCY OF SURVEYS.—Each State and the Secretary shall implement programs to measure and reduce inconsistency in the application of survey results among surveyors.

''(4) SURVEY TEAMS.—

''(A) IN GENERAL.—In the case of a survey conducted under this subsection on or after October 1, 2021, by more than 1 individual, such survey shall be conducted by a multidisciplinary team of professionals (including a registered professional nurse).

''(B) PROHIBITION OF CONFLICTS OF INTEREST.—Beginning October 1, 2021, a State may not use as a member of a survey team under this subsection an individual who is serving (or has served within the previous 2 years) as a member of the staff of, or as a consultant to, the program surveyed respecting compliance with the requirements of section 1861(dd) or who has a personal or familial financial interest in the program being surveyed.

''(C) TRAINING.—The Secretary shall provide, not later than October 1, 2021, for the comprehensive training of State and Federal surveyors, and any surveyor employed by a national accreditation body described in paragraph (2)(A)(i), in the conduct of surveys under this subsection, including training with respect to the review of written plans for providing hospice care (as described in section 1814(a)(7)(B)). No individual shall serve as a member of a survey team with respect to a survey conducted on or after such date unless the individual has successfully completed a training and testing program in survey and certification techniques that has been approved by the Secretary.

''(5) FUNDING.—The Secretary shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 to the Centers for Medicare & Medicaid Services Program Management Account, of $10,000,000 for each fiscal year (beginning with fiscal year 2022) for purposes of carrying out this subsection and subsection (b). Sums so transferred shall remain available until expended. Any transfer pursuant to this paragraph shall be in addition to any transfer pursuant to section 3(a)(2) of the Improving Medicare Post-Acute Care Transformation Act of 2014.

''(b) SPECIAL FOCUS PROGRAM.—

''(1) IN GENERAL.—The Secretary shall conduct a special focus program for enforcement of requirements for hospice programs that the Secretary has identified as having substantially failed to meet applicable requirements of this Act.

''(2) PERIODIC SURVEYS.—Under such special focus program, the Secretary shall conduct surveys of each hospice program in the special focus program not less than once every 6 months.

''(c) ENFORCEMENT.—

''(1) SITUATIONS INVOLVING IMMEDIATE JEOPARDY.—If the Secretary determines on the basis of a standard survey or otherwise that a hospice program that is certified for participation under this title is no longer in compliance with the requirements specified in section 1861(dd) and determines that the deficiencies involved immediately jeopardize the health and safety of the individuals to whom the program furnishes items and services, the Secretary shall take immediate action to remove the jeopardy and correct the deficiencies through the remedy described in paragraph (5)(B)(iii) or terminate the certification of the program, and may provide, in addition, for 1 or more of the other remedies described in paragraph (5)(B).

''(2) SITUATIONS NOT INVOLVING IMMEDIATE JEOPARDY.—If the Secretary determines on the basis of a standard survey or otherwise that a hospice program that is certified for participation under this title is no longer in compliance with the requirements specified in section 1861(dd) and determines that the deficiencies involved do not immediately jeopardize the health and safety of the individuals to whom the program furnishes items and services, the Secretary may (for a period not to exceed 6 months) impose remedies developed pursuant to paragraph (5)(A), in lieu of terminating the certification of the program. If, after such a period of remedies, the program is still no longer in compliance with such requirements, the Secretary shall terminate the certification of the program.

''(3) PENALTY FOR PREVIOUS NONCOMPLIANCE.—If the Secretary determines that a hospice program that is certified for participation under this title is in compliance with the requirements specified in section 1861(dd) but, as of a previous period, did not meet such requirements, the Secretary may provide for a civil monetary penalty under paragraph (5)(B)(i) for the days in which the Secretary finds that the program was not in compliance with such requirements.

''(4) OPTION TO CONTINUE PAYMENTS FOR NONCOMPLIANT HOSPICE PROGRAMS.—The Secretary may continue payments under this title with respect to a hospice program not in compliance with the requirements specified in section 1861(dd) over a period of not longer than 6 months, if—

''(A) the State or local survey agency finds that it is more appropriate to take alternative action to assure compliance of the program with such requirements than to terminate the certification of the program;

''(B) the program has submitted a plan and timetable for corrective action to the Secretary for approval and the Secretary approves the plan of corrective action; and

''(C) the program agrees to repay to the Federal Government payments received under this title during such period if the corrective action is not taken in accordance with the approved plan and timetable.

The Secretary shall establish guidelines for approval of corrective actions requested by hospice programs under this paragraph.

''(5) REMEDIES.—

''(A) DEVELOPMENT.—

''(i) IN GENERAL.—Not later than October 1, 2021, the Secretary shall develop and implement—

''(I) a range of remedies to apply to hospice programs under the conditions described in paragraphs (1) through (4); and

''(II) appropriate procedures for appealing determinations relating to the imposition of such remedies.

Remedies developed pursuant to the preceding sentence shall include the remedies specified in subparagraph (B).

''(ii) CONDITIONS OF IMPOSITION OF REMEDIES.—Not later than October 1, 2021, the Secretary shall develop and implement specific procedures with respect to the conditions under which each of the remedies developed under clause (i) is to be applied, including the amount of any fines and the severity of each of these remedies. Such procedures shall be designed so as to minimize the time between identification of deficiencies and imposition of these remedies and shall provide for the imposition of incrementally more severe fines for repeated or uncorrected deficiencies.

''(B) SPECIFIED REMEDIES.—The remedies specified in this subparagraph are the following:

''(i) Civil monetary penalties in an amount not to exceed $10,000 for each day of noncompliance by a hospice program with the requirements specified in section 1861(dd).

''(ii) Suspension of all or part of the payments to which a hospice program would otherwise be entitled under this title with respect to items and services furnished by a hospice program on or after the date on which the Secretary determines that remedies should be imposed pursuant to paragraph (2).

''(iii) The appointment of temporary management to oversee the operation of the hospice program and to protect and assure the health and safety of the individuals under the care of the program while improvements are made in order to bring the program into compliance with all such requirements.

''(C) PROCEDURES.—

''(i) CIVIL MONETARY PENALTIES.—

''(I) IN GENERAL.—Subject to subclause (II), the provisions of section 1128A (other than subsections (a) and (b)) shall apply to a civil monetary penalty under this subsection in the same manner as such provisions apply to a penalty or proceeding under section 1128A(a).

''(II) RETENTION OF AMOUNTS FOR HOSPICE PROGRAM IMPROVEMENTS.—The Secretary may provide that any portion of civil monetary penalties collected under this subsection may be used to support activities that benefit individuals receiving hospice care, including education and training programs to ensure hospice program compliance with the requirements of section 1861(dd).

''(ii) SUSPENSION OF PAYMENT.—A finding to suspend payment under subparagraph (B)(ii) shall terminate when the Secretary finds that the program is in substantial compliance with all such requirements.

''(iii) TEMPORARY MANAGEMENT.—The temporary management under subparagraph (B)(iii) shall not be terminated until the Secretary has determined that the program has the management capability to ensure continued compliance with all the requirements referred to in such subparagraph.

''(D) RELATIONSHIP TO OTHER REMEDIES.—The remedies developed under subparagraph (A) are in addition to sanctions otherwise available under State or Federal law and shall not be construed as limiting other remedies, including any remedy available to an individual at common law.''.

(2) AVAILABILITY OF HOSPICE ACCREDITATION SURVEYS.—Section 1865(b) of the Social Security Act (42 U.S.C. 1395bb(b)) is amended by inserting ''or, beginning on the date of the enactment of the BENES Act of 2020, a hospice program'' after ''home health agency''.

(3) STATE PROVISION OF HOSPICE PROGRAM INFORMATION.—

(A) IN GENERAL.—Section 1864(a) of the Social Security Act (42 U.S.C. 1395aa(a)) is amended in the sixth sentence—

(i) by inserting ''and hospice programs'' after ''information on home health agencies'';

(ii) by inserting ''or the hospice program'' after ''the home health agency'';

(iii) by inserting ''or the hospice program'' after ''with respect to the agency''; and

(iv) by inserting ''and hospice programs'' after ''with respect to home health agencies''.

(B) EFFECTIVE DATE.—The amendments made by subparagraph (A) shall apply with respect to agreements entered into on or after, or in effect as of, the date that is 1 year after the date of the enactment of this Act.

(4) CONFORMING AMENDMENTS.—

(A) DEFINITION OF A HOSPICE PROGRAM.—Section 1861(dd)(4) of the Social Security Act (42 U.S.C. 1395x(dd)(4)) is amended by striking subparagraph (C).

(B) CONTINUATION OF FUNDING.—Section 3(a)(2) of the Improving Medicare Post-Acute Care Transformation Act of 2014 is amended by inserting ''and section 1822(a)(1) of such Act,'' after ''as added by paragraph (1),''.

(b) INCREASING PAYMENT REDUCTIONS FOR FAILURE TO MEET QUALITY DATA REPORTING REQUIREMENTS.—Section 1814(i)(5)(A)(i) of the Social Security Act (42 U.S.C. 1395f(i)(5)(A)(i)) is amended by inserting ''(or, for fiscal year 2023 and each subsequent fiscal year, 4 percentage points)'' before the period.

(c) REPORT.—Not later than 36 months after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate a report containing an analysis of the effects of the amendments made by subsection (a), including the frequency of application of remedies specified in section 1822(c)(5)(B) of the Social Security Act (as added by such subsection), on access to, and quality of, care furnished by hospice programs under part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from

Connecticut (Mr. LARSON) and the gentlewoman from Indiana (Mrs. WALORSKI) each will control 20 minutes.

The Chair recognizes the gentleman from Connecticut.

GENERAL LEAVE

Mr. LARSON of Connecticut. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Connecticut?

There was no objection.

Mr. LARSON of Connecticut. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, H.R. 2477, the Beneficiary Enrollment Notification and Eligibility Simplification Act of 2020, as amended, includes four policies that improve Medicare enrollment, access, and quality of care.

First, the BENES Act, as I shall continue to call it, introduced by my colleague, Representative RAUL RUIZ, fills a longstanding gap in education for older adults and people with disabilities, eliminating needless multimonth coverage gaps in Medicare by mandating that part B insurance begin the first month following an individual's enrollment during both the later months of the beneficiary's initial enrollment period and during the general enrollment period.

The BENES Act also provides increased notification to better inform older adults and people with disabilities about Medicare eligibility enrollment.

The BENES Act also allows the Federal Government to create a part B special enrollment period for exceptional circumstances, like natural disasters.

Complex Medicare enrollment rules and inadequate notification cause tens of thousands of older adults and people with disabilities to face lifetime fines, coverage gaps, and other harmful consequences. Individuals who miss their initial Medicare enrollment window may pay lifetime late enrollment penalties, experience lengthy gaps in outpatient health coverage, or face unaffordable and unexpected out-of-pocket healthcare costs.

The bill under consideration today also includes two provisions based on legislation again championed by RON KIND from Wisconsin. The first will provide access to immunosuppressive therapy to individuals after a kidney transplant.

I have heard from the Hartford Hospital kidney transplant group and National Kidney Foundation how vitally important this legislation is, and I am pleased that it is included.

The second provision will make improvements to reporting regarding Medicare Advantage enrollees between the Centers for Medicare and Medicaid Services and liability and non-group health plans to improve financial accountability.

Finally, H.R. 2477 includes language from H.R. 5821, the bipartisan Helping Our Senior Population in Comfort Environments Act, or the HOSPICE Act, introduced by my Ways and Means colleagues, Representatives JIMMY PANETTA and TOM REED.

This policy addresses vital program integrity concerns identified by the Department of Health and Human Services' Office of the Inspector General in 2019 through a series of much-needed reforms that provide additional oversight and transparency of Medicare hospice providers.

The changes in this bill align the HHS Secretary's oversight tools with those of other Medicare providers, including skilled nursing facilities and home health providers. These reforms are vital to improving the quality of care delivered to some of the most vulnerable patients in the healthcare system.

Madam Speaker, I urge my colleagues to support this legislation, and I reserve the balance of my time.

Mrs. WALORSKI. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 2477, the Beneficiary Enrollment Notification and Eligibility Simplification Act, or the BENES Act.

This important bipartisan legislation will improve education and outreach to Americans approaching Medicare age while simplifying the part B enrollment process, which hasn't been updated in over 50 years.

Currently, Medicare enrollment is often too complicated and confusing, and in the event of a mistake, very costly. The consequences of making a simple mistake in the enrollment process can be significant, with a lifetime late enrollment penalty of 10 percent for every year a beneficiary hasn't enrolled in part B.

According to a Congressional Research Service report, last year, approximately 764,000 part B enrollees paid an average penalty of nearly 30 percent higher Medicare premiums. That is a superheavy financial burden these Medicare beneficiaries will carry throughout their retirement. That is what the BENES Act aims to help seniors avoid.

This vital bill will help prevent late enrollment penalties by sending an advance notice about the Medicare enrollment process to Americans approaching Medicare eligibility. It will also prevent gaps in coverage by requiring that part B coverage begin during the first month after an individual enrolls through either the initial enrollment period or general enrollment period.

These long-overdue reforms will significantly improve the health and well-being of Medicare beneficiaries and protect America's seniors from unnecessary penalties and unexpected healthcare bills.

Madam Speaker, I reserve the balance of my time.

□ 1545

Mr. LARSON of Connecticut. Madam Speaker, I yield 2 minutes to the gentleman from California (Mr. PANETTA), a distinguished member of the Committee on Ways and Means.

Mr. PANETTA. Madam Speaker, I thank Chairman LARSON, and I appreciate all of his work and, of course, his support and friendship.

Madam Speaker, I rise today to urge my colleagues to support H.R. 2477, the BENES Act, which includes my bill and TOM REED's bill, the bipartisan HOSPICE Act.

Now, I think we can all agree that every family wants to ensure that their loved one in hospice receives the end-of-life care that is compassionate, that is cautious, and, of course, that is circumspect so that they can pass with dignity and all of us are at peace.

Now, we know while most of our Nation's Medicare hospice care providers work tirelessly to ensure their patients receive high quality care, there are, unfortunately, bad actors. That is why we introduced the bipartisan HOSPICE Act, so that through education, outreach, and even liability we can safeguard care for Medicare hospice enrollees, increase transparency and safety, and penalize those who fail to provide the necessary care for their patients.

Madam Speaker, I encourage my colleagues to support this bipartisan legislation to ensure that hospice care is not just about death, but it is about death with dignity, integrity, and accountability.

Mrs. WALORSKI. Madam Speaker, I yield 2 minutes to the gentleman from Missouri (Mr. SMITH).

Mr. SMITH of Missouri. Madam Speaker, I thank the gentlewoman for yielding.

Madam Speaker, I rise today in support of H.R. 2477, which includes some legislation to improve Medicare coverage for kidney transplant recipients.

The Trump administration has made increasing rates of kidney transplantation a priority. It is more cost-effective than dialysis and results in a dramatic increase in the quality of life for ESRD patients. However, these patients must continue taking medication for the remainder of their life so that they don't reject their organs.

Currently, Medicare will only cover the cost of these drugs for 36 months after a kidney transplant. Patients who do not have health insurance or lose their insurance coverage have to choose between paying thousands of dollars a month out of pocket or risk the chance of rejection of their organs.

If organ rejection does occur, these patients must once again endure the painful, time-consuming, and expensive dialysis treatments paid for by the Medicare program. By simply paying for the cost of these drugs and preventing patients from crashing back into dialysis, the Federal Government

can save hundreds of millions of dollars and improve thousands of lives.

We should not allow such unnecessary waste and suffering to occur. These Americans should not have to worry about how they will afford the cost of the medications that allow them to live a completely normal life.

Madam Speaker, I thank Representatives KIND and BURGESS for their leadership and for working together on this commonsense bipartisan bill.

Madam Speaker, I urge the House to pass H.R. 2477.

Mr. LARSON of Connecticut. Madam Speaker, I reserve the balance of my time.

Mrs. WALORSKI. Madam Speaker, I yield 2 minutes to the gentleman from New York (Mr. REED).

Mr. REED. Madam Speaker, I rise today in support of the HOSPICE bill, which is a part of the overall BENES Act we are debating today. And I am proud to support the HOSPICE bill that I introduced and authored with my good friend, JIMMY PANETTA, from California.

Madam Speaker, I can tell you, when loved ones, like my mother, became sick, it is common to be left feeling helpless and for families not having the resources to deal with that terrible situation. But I thank God every day we were able to support my mother with a wonderful team, not only of our family but of our hospice care providers. They gave her, and they gave us, the needed companionship and resources to have some sense of normalcy at the end of her illness. That experience reaffirmed the critical importance of the quality-of-life care that hospice care represents.

Madam Speaker, that is why I am a hospice volunteer in my personal time here in Washington, D.C. I am a strong advocate for hospice care across America.

However, while most hospice employees and volunteers and compassionate caregivers are good, hardworking individuals, there are some who neglect and potentially even abuse patients in that situation. We must hold those bad actors accountable. We must demand additional oversight of hospice providers. We must educate providers with additional training to ensure patients receive the best and most proper level of care they deserve.

We are confident this legislation would do just that by giving HHS the tools it needs to penalize those that provide poor quality care. Our legislation would also improve provider transparency by requiring States to maintain a toll-free hotline where abuse and neglect can be reported.

Madam Speaker, I am proud to stand in support of this legislation. More importantly, I am proud to be a hospice volunteer myself, and I am proud to stand with the hospice community that is giving so much great quality care to those that need it most in their most precious time that they have left.

Madam Speaker, I urge all my colleagues to support this bill and the underlying legislation upon which it rides.

Mr. LARSON of Connecticut. Madam Speaker, I continue to reserve the balance of my time.

Mrs. WALORSKI. Madam Speaker, I yield 3 minutes to the gentleman from Florida (Mr. BILIRAKIS).

Mr. BILIRAKIS. Madam Speaker, I rise today in support of H.R. 2477, the Beneficiary Enrollment Notification and Eligibility Simplification Act, the BENES Act.

Unfortunately, complex and confusing Medicare enrollment rules combined with a lack of notification cause tens of thousands of older adults and people with disabilities to incur lifetime fines, coverage gaps, and other harmful consequences. This is not fair to our seniors. With fewer people automatically enrolled in Medicare and 10,000 baby boomers aging into Medicare each day, more people new to Medicare must actively enroll in the program.

To address this issue, the BENES Act is here for us. It directs the Federal Government to provide advance notice to individuals approaching Medicare eligibility about basic Medicare and Medicare Advantage enrollment rules.

It directs Part B to begin the first of the month following one's enrollment during both the later months of their initial enrollment period and during the general enrollment period, closing coverage gaps.

It also requires HHS to submit a report to Congress on how best to align the annual general enrollment period with the annual enrollment period for private Medicare Advantage and Medicare Part D prescription drug plans to reduce confusion.

And it enables HHS to create a Part B special enrollment period for exceptional circumstances; a provision currently used in Medicare Advantage and Medicare Part D when people are unable to sign up for Medicare due to occurrences, like living in an area impacted by a disaster or emergency.

I thank my colleague, Dr. RUIZ, for his leadership and partnership on this particular bill.

Madam Speaker, all of these bills are so vital to our seniors, very important bills, and I am glad we are passing them in a bipartisan fashion.

Madam Speaker, I urge my colleagues, again, to support this commonsense protective measure for seniors, veterans, and those living with disabilities.

Mr. LARSON of Connecticut. Madam Speaker, I continue to reserve the balance of my time.

Mrs. WALORSKI. Madam Speaker, I yield 2 minutes to the gentlewoman from Puerto Rico (Miss GONZÁLEZ-COLÓN).

Miss GONZÁLEZ-COLÓN of Puerto Rico. Madam Speaker, I rise in support of H.R. 2477, the Beneficiary Enrollment Notification and Eligibility Simplification Act.

The notification system created in this bill for individuals approaching the age of eligibility for Social Security will soon provide a notice explaining: First, enrollment; second, eligibility; and coordination of Medicare benefits.

And why is that so important in the case of Puerto Rico?

Puerto Rico has a participation rate of 70 percent in Medicare Advantage. That will tell you how important it is for us. This will be especially beneficial where Medicare recipients must make the affirmative step of signing up for Medicare Part B, rather than be automatically enrolled upon turning 65, unlike anywhere else in the Nation. This is something that we have been fighting for many years.

The lack of adequate notice of this difference has resulted in a substantially higher percentage of Medicare Part B enrollees in Puerto Rico paying lifetime late enrollment penalties of 10 percent of the premium for every year they failed to enroll.

Currently, almost 40,000 Medicare beneficiaries who live in Puerto Rico are paying lifetime penalties of $20.3 million a year. These penalties are particularly difficult when you take into account that 43.5 percent of my constituents live in poverty and they are not eligible for SSI or Medicare subsidies.

Madam Speaker, I introduced H.R. 2310 to address this disparity and encourage my colleagues to also support this legislation.

I urge my colleagues to support H.R. 2477 and support our seniors.

Mr. LARSON of Connecticut. Madam Speaker, I reserve the balance of my time.

Mrs. WALORSKI. Madam Speaker, I yield 3 minutes to the gentleman from Texas (Mr. BURGESS).

Mr. BURGESS. Madam Speaker, I thank the gentlewoman from Indiana for the recognition.

Madam Speaker, I rise in support of a bill that includes coverage for immunosuppressive drugs after a kidney transplant. This is something we have worked on for a decade but, more importantly, for kidney patients and their families, this has been a priority for much, much longer.

Madam Speaker, today's bill is monumental in the life of the transplant patient. In 1972, Congress voted to allow Medicare coverage for end-stage renal disease patients under 65 years of age. The policy opened the doors for patients to have Medicare pay for dialysis and kidney transplants, but it wasn't quite enough.

A new kidney gives the hope of a better quality of life to patients, but only if they take those immunosuppressive drugs. Otherwise, their own immune system is going to recognize the renal graft as a foreign object and reject it, but that is their new kidney. So without these drugs, patients risk rejection of a kidney and a return to dialysis.

Now, Medicare, to be sure, will pay for that return to dialysis and another renal transplant—if they are lucky

enough to get one—but it will not pay for more than 36 months of immunosuppressive drug coverage. This is incredibly expensive for the Medicare system, but think of the toll on the lives of kidney patients and their families.

So the bill before us today will address the immunosuppressive drug issue directly by requiring Medicare to cover these drugs past 36 months for kidney patients who do not obtain other health coverage.

Look, a kidney transplant is a gift from one human to another. From the government's perspective, the transaction is an investment that allows the government to make that investment into a patient's future, and this policy allows us to protect that investment, so it is a policy that is good for the patient, to be sure. As a side benefit, it is a benefit to the taxpayer.

Madam Speaker, both the CMS Office of the Actuary and the Office of the Assistant Secretary for Planning and Evaluation at HHS have published reports on the benefits of extending Medicare coverage of immunosuppressive drugs, which include financial savings for the Medicare program.

So after years, literally a decade, of wrestling with the policy, a light finally shone over the Congressional Budget Office and they confirmed what others have known all along, that this delivers savings to Medicare. The policy also aligns and builds on what the Trump administration has done with the kidney health initiatives, including the Advancing American Kidney Health executive order, which the President signed in July of 2019.

So this immunosuppressive drug policy has support from everyone—from the patients, to transplant surgeons, to patients' families, and it is something behind which the kidney coalition has coalesced for years. We would not be here today if it were not for the tireless work of that community and other cosponsors.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mrs. WALORSKI. Madam Speaker, I yield an additional 30 seconds to the gentleman from Texas.

Mr. BURGESS. Madam Speaker, I thank all of the many people, including the staffers on both of our committees, who have worked over the past decade, they have tuned and fine-tuned this policy to get it where it is today.

□ 1600

Mr. LARSON of Connecticut. Madam Speaker, I reserve the balance of my time.

Mrs. WALORSKI. Madam Speaker, I have no other speakers, and I reserve the balance of my time.

Mr. LARSON of Connecticut. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, before I close, throughout the day, I am sure people observing have viewed us taking off and putting on our masks, et cetera. I would like to acknowledge a very special person from Mayberry Village in East Hartford, Connecticut, who made this mask and several like these and has distributed them out of the kindness of her heart and concern and care. Her name is Margaret Grady Ramsey from Mayberry Village in East Hartford, Connecticut. I thank Peg for all her hard work.

Madam Speaker, in closing, I know that Dr. RUIZ has worked tirelessly on the BENES Act for many years. I thank him for his efforts. I also thank the Medicare beneficiary advocates, including the Medicare Rights Center and the Center for Medicare Advocacy, for their tireless work and support to find a solution to this longstanding problem.

The gentlewoman from Indiana has also played a key role in this as well, and I want to make sure we acknowledge her as well.

H.R. 2477, the BENES Act, provides significant long-term improvements to Medicare for millions of beneficiaries. I urge my colleagues to support this legislation, and I yield back the balance of my time.

Mrs. WALORSKI. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, as more and more Americans reach Medicare age, we need to simplify the part B enrollment process and improve education and outreach to seniors. The commonsense reforms in this bipartisan BENES Act will protect seniors from unnecessary late enrollment penalties, gaps in coverage, and unexpected healthcare bills.

I urge my colleagues to support this vital piece of legislation that will simplify complicated Medicare enrollment rules.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Connecticut (Mr. LARSON) that the House suspend the rules and pass the bill, H.R. 2477, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

PROMOTING ALZHEIMER'S AWARENESS TO PREVENT ELDER ABUSE ACT

Ms. BASS. Madam Speaker, I ask unanimous consent to take from the Speaker's table the bill (S. 3703) to amend the Elder Abuse Prevention and Prosecution Act to improve the prevention of elder abuse and exploitation of individuals with Alzheimer's disease and related dementias, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

The text of the bill is as follows:

S. 3703

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Promoting Alzheimer's Awareness to Prevent Elder Abuse Act''.

SEC. 2. ADDRESSING ALZHEIMER'S DISEASE IN BEST PRACTICES.

(a) IN GENERAL.—Section 101(b) of the Elder Abuse Prevention and Prosecution Act (34 U.S.C. 21711(b)) is amended—

(1) by redesignating subparagraphs (A), (B), and (C) of paragraph (2) as clauses (i), (ii), and (iii), respectively, and adjusting the margin accordingly;

(2) by redesignating paragraphs (1), (2), and (3) as subparagraphs (A), (B), and (C), respectively, and adjusting the margin accordingly;

(3) by striking ''Not later than'' and inserting the following:

''(1) IN GENERAL.—Not later than'';

(4) in paragraph (1)(B), as so redesignated—

(A) in clause (ii), by inserting '', including witnesses who have Alzheimer's disease and related dementias'' after ''other legal issues''; and

(B) in clause (iii), by striking ''elder abuse cases,'' and inserting ''elder abuse cases (including victims and witnesses who have Alzheimer's disease and related dementias),''; and

(5) by adding at the end the following:

''(2) TRAINING MATERIALS.—

''(A) IN GENERAL.—In creating or compiling replication guides and training materials under paragraph (1)(B), the Elder Justice Coordinator shall consult with the Secretary of Health and Human Services, State, local, and Tribal adult protective services, aging, social, and human services agencies, Federal, State, local, and Tribal law enforcement agencies, and nationally recognized nonprofit associations with relevant expertise, as appropriate.

''(B) UPDATING.—The Elder Justice Coordinator shall—

''(i) review the best practices identified and replication guides and training materials created or compiled under paragraph (1)(B) to determine if the replication guides or training materials require updating; and

''(ii) perform any necessary updating of the replication guides or training materials.''.

(b) APPLICABILITY.—The amendments made by subsection (a) shall—

(1) take effect on the date of enactment of this Act; and

(2) apply on and after the date that is 1 year after the date of enactment of this Act.

SEC. 3. REPORT ON OUTREACH.

(a) IN GENERAL.—Section 101(c)(2) of the Elder Abuse Prevention and Prosecution Act (34 U.S.C. 21711(c)(2)) is amended—

(1) by redesignating subparagraphs (A) through (D) as clauses (i) through (iv), respectively, and adjusting the margin accordingly;

(2) by striking ''a report detailing'' and inserting the following: ''a report—

''(A) detailing''; and

(3) by adding at the end the following:

''(B) with respect to the report by the Attorney General, including a link to the publicly available best practices identified under subsection (b)(1)(B) and the replication guides and training materials created or compiled under such subsection.''.

(b) APPLICABILITY.—The amendments made by subsection (a) shall apply with respect to the report under section 101(c)(2) of the Elder Abuse Prevention and Prosecution Act (34